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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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	Page
The Duty of the Trained Nurse to the Community	1673
The Trained Nurse and the Campaign Against Cancer	1678
Tetanus Neonatorum	1682
Conservation of Life	1683
Nursing Sisters' Record	1685
Hypnotic Blisters	1689
Dakin's Latest Antiseptic, Dichloramine-T	1690
Editorial	1692
Victorian Order of Nurses	1694
Canadian Nurses' Association	1695
News from the Medical World	1696
Public Health Nursing Department	1698
The Diet Kitchen	1700
The World's Pulse	1702
Hospitals and Nurses	1704

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THE
CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

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The Duty of the Trained Nurse to the Community

Delivered to the Ontario Graduate Nurses' Association at Convention in London, 1918, by the late DR. NORMAN H. BEAL, Surgical Staff, Victoria Hospital

Madam President, Ladies and Gentlemen:

I assure you that I consider it a great honor to be permitted to address a few words to the Ontario Graduate Nurses' Association.

At no time in the history of the present generation were we surrounded by so much uncertainty in every field of thought and action. Cherished ideals of humanitarianism, which a few years ago promised to bring in the long-looked-for Utopia, have been rudely shattered by the bloody hand of war; and Christian civilization itself seems threatened by the most barbarous frightfulness of which history affords a record.

Our social and economic values have been severely tested, and many cherished idols have perished. It may be stated without fear of contradiction, however, that the ideal of Service has been vindicated as the highest standard by which human endeavor may be tested. To

you, as members of a profession whose time has been fully given to ministrations to humanity in times of stress, it needs no argument to prove the truth of this statement.

What I wish to do, in the few minutes allotted to me, is to suggest certain means by which your service to the community may be made to yield greater benefits to those who need it. I am aware that many of the suggestions I shall mention have been discussed by your organization; and it is not my idea to bring before you any novel plan, but rather to show along what lines the medical profession expect your co-operation and support. In the progress medical science is making, you have your allotted part to perform. "You are the hand-maidens of a great and beneficent science in whose temple we serve as priests."

Your duty of service to the community can be measured by (1) your capacity, (2) the magnitude of the need. Your capacity can be measured by the individual endowment and collectively as an organization.

Regarding your individual endowment, many factors must be considered which can not be dwelt on at length. When all is said and done, the personal factor goes for much in making a successful trained nurse. Your service must be somewhat controlled also by the motive which prompted you in entering nursing. If you entered it solely as a means of making a living, you are only driving a trade, not practising a profession. Your attitude is also greatly affected by the ideals which you hold regarding your profession.

Of course, your training will have added immensely to the personal factors above mentioned. The knowledge you have gained of human nature and its failings; the new knowledge regarding the process of disease which have taken you away from the errors and superstitions which many of the laity still hold regarding disease, and have shown that in the realm of disease effect follows cause as in other parts of the universe.

This should be of immense value to you, coupled with the knowledge you have gained regarding treatment and our methods of combatting disease. To mention a few specific instances: The value of your knowledge in regard to hygiene, child welfare, venereal disease and cancer should be of untold value, if you make proper use of your training in disseminating scientific knowledge regarding these conditions.

THE NEED.—One cannot in a few words discuss this very large problem; but I wish to bring to your attention a few facts which cannot be too often expressed.

Much of your work is given to the care of those actually ill with disease; but it must be remembered that trained nursing is available only to a very small percentage of suffering humanity. It is practically available only to the well-to-do and the very poor, while the great mass of humanity receive no trained nursing. This absolute inadequacy of

our present system of nursing the sick constitutes a most striking need for reform. As an organization, you should take steps to deal with this condition at once.

Then it must be remembered that, in our present social state, destitution is the direct outcome of ill-health to a large number of the community. The income in many households is barely sufficient to meet the absolute necessities of existence; and when the bread-winner falls ill, his dependents are immediately forced into destitution. This carries with it improper feeding, improper clothing and disease in other members of the family; and thus a vicious circle is set up. This condition of affairs must be dealt with in an enlightened manner at the earliest possible moment.

The preventable ignorance in regard to disease and the laws of health constitutes another question to which, as an organization, you should direct your energies.

Inadequate legislation in regard to public health, housing, factory conditions, women's and children's conditions of work, should interest you at once. Other crying needs also will suggest themselves to you. This touches, briefly, certain phases of the need for your services.

A word or two as to the application of your capacity to the need: You should feel responsible for, and have an interest in, the whole problem of the prevention of disease and the care of the sick.

You are specialists, who have given a number of years of your life to become skilled in your work, and, as such, you have certain rights which I do not think are granted to you at present.

The nursing profession should be put on a proper basis; and the activities of teaching hospitals extended to take care of the training of those who are qualified to nurse certain disease, but who cannot take the required three years to become trained nurses. There should be greater supervision in regard to the selection, by certain hospitals, of the women allowed to train as nurses.

The small hospitals should receive some attention. It is manifestly unfair to allow a young woman to do the hard work and drudgery of a small hospital, for a year or more, where it is definitely known that the number of patients and facilities of the hospital are absolutely inadequate to give any training which is comparable to the training given in the larger schools. It might be possible to supplement the experience gained in these small hospitals by arranging to have them complete their course in one of the larger schools, giving them credit for the work done in the smaller hospitals; but it is certainly unjust to the public to pretend that those who have had training only in these small hospitals have attained the standards as graduates from larger schools.

One of the most evident needs of the nursing profession in Canada is the establishment of post-graduate facilities. There should be at least a half-dozen hospitals in the Dominion whose purpose it should be to

provide courses where the graduate nurse could go from time to time to brush up and keep abreast of the advances in her profession.

To bring about these, and gain other reforms, it is an absolute necessity that you have a strong organization. Your Association, now in session, is such an organization. It should be supported by every trained nurse in this Province. You must remember that an organization is stronger than the aggregate of the units that compose it, and "in union there is strength." State registration, the grading of nurses, compulsory post-graduate work, fees, etc.—these can only be put on a proper basis by a strong organization.

Let me draw your attention for a moment to the care of those not reached by the trained nurse. As previously stated, more than sixty per cent. of the public are in such circumstances, financially, that trained nurses are beyond their reach. These have a right to better care, when sick, than they are at present receiving; and it is to your interests to see that they get it.

Too much cannot be said in praise of the excellent quality of the work of the Victorian Order of Nurses. I have watched their work for some years, and can bear evidence to the high quality of the nursing done and the great benefit derived by the public.

I believe that arrangements should be made whereby trained nurses are available for part-time service. This has been done in some cities, and an extension of this plan would meet part of the demand of which I speak.

There is another class of nurses that should receive your careful and sympathetic attention. I speak of the so-called practical nurse. It is about time that something was undertaken to deal definitely with this class. To my mind it is an imposition on the public to allow a woman to charge twelve and fifteen dollars a week for nursing the sick who cannot afford to employ a trained nurse. I am satisfied that many of these women have the necessary qualities for successful nursing, and they should be delivered from the class of undesirables whose sole qualification for attending the sick is their need of a livelihood, and whose entire professional equipment consists in the statement of some weak medical practitioner who told them they were "born to be nurses." To my mind this kind of unctious humbugery should be immediately dealt with, as many of these people are simply examples of Sarah Gamp brought up to date. I believe that a solution of this would be the establishment in teaching hospitals of courses for part-time nurses. This would give facilities to those who are qualified of receiving first-class medical instructions, and would greatly increase their usefulness as nurses. They should, of course, be graded as to the work they are permitted to do, and the fees they are allowed to charge, according to the training they have been through.

In regard to your part in educating the public, much can be done. The franchise has at last been granted to women, and I believe you can render no greater service than insisting that proper laws are passed.

Laws for the prevention of disease, child welfare, social service and school nursing should be enacted.

You can do much to educate your own sex regarding venereal disease, cancer, and the evils of patent medicines.

Much could be added to what I have outlined, but time will not permit. Are you able for the task? I am certain that you are. You have already accomplished wonders in raising the standard of your profession. You have made possible the modern hospital. In the realm of public health, school nursing and social service, you have borne a major part. In the light of the wonderful part played by women in the war, where your profession has won undying glory in caring for the wounded, there is no task too hard if you set your mind to it.

I have brought these things to your notice because we must all be aware that a great unrest is evident in all classes of society to-day. Grave fears are entertained as to the future, and many see no way out. As a profession, we have always had faith in the destiny of the race; and we must face the problems of the future with the same fortitude which has characterized our efforts in the past.

"No man may choose what coming hours will bring
To him of pain, of joy, of suffering;
But what his soul shall bring unto each hour
To meet its challenge, that is in his power."

Each of you should bring to the problems of the future the wisdom of a trained mind; the broad sympathy of one who has had personal touch with suffering, grief, and the frailties of human nature; a cheerful courage to undertake great and difficult tasks of larger service; so that out of this terrible struggle great good may come to unborn generations. May you do your part, in the firm belief

"That all this restless rush, this strain and strife,
This noise and clash, is but the fanfarade
That ushers in the more majestic life,
When faith shall walk with science unafraid,
To feel the strong vibrations of the earth—
To sense the coming of the hour sublime,
And bless the star that watched above your birth,
And let you live in this important time."

Keep a calm spirit towards things that proceed from an external cause, and a just spirit towards those that proceed from a cause within you. That is, let your impulse and action aim at the interest of mankind, for then you know your faculties are in the right posture that nature has set them. The greater part of your trouble lies in your fancy, and, therefore, you may free yourself from it when you please.

MARCUS AURELIUS.

The Trained Nurse and the Campaign Against Cancer

By Neil John MacLean, M.D.

In bringing before you the subject of cancer, let me review in a few words what public education has accomplished in the treatment of consumption—that disease which was as much dreaded as cancer is to-day. That consumption is curable, if diagnosed and treated in the early stages, is now commonly acknowledged. The dissemination of this knowledge is the result of a world-wide campaign of education and publicity. It has resulted in earlier diagnosis, earlier treatment, and a reduction in the death-rate of one-half in many cities of Europe and America. What has been accomplished in tuberculosis is through earlier diagnosis and treatment, and can also be accomplished in the case of cancer, by the same treatment. It is most urgent, therefore, that the fullest publicity regarding cancer should be given, and every intelligent person instructed as to the causes, symptoms and effects of cancer. Campaigns, national and international, along these lines have recently been launched.

It is with the idea of impressing upon nurses the importance of such a campaign, and their great part in it, that this paper is written. In such a fight, a trained nurse is not a private, but an officer. Nurses are looked to for advice, and are frequently spoken to about troubles and symptoms which are thought too small to need the attention of a doctor. The nurse has a much better opportunity than the doctor of observing symptoms in patients under her care. It is of the greatest importance, therefore, that the world-wide menace, cancer, and the earliest signs by which its presence may be known or even suspected, should be constantly before her mind.

The Prevalence of Cancer

What, may be asked, is the death-rate from cancer? Is this increasing or decreasing? In Manitoba, in the past four or five years, from one hundred and fifty to two hundred deaths each year has been due to this one disease. That is about forty lives each year out of every hundred thousand men, women and children. In the past forty years the death-rate seems to have risen from "forty to eighty" per hundred thousand of the population; but, of course, the increase may be partly due to the better collection of statistics. The mortality up to the present time has been very high. In its early stages the disease is local and curable; in its later stages general and incurable. The surgeon can almost absolutely promise a cure in an early case; yet, unfortunately, it is only rarely that one comes to him until altogether too late. While the general public is getting fairly exact knowledge of some diseases, cancer still for them lingers in the age of superstition. Charms and incantations, while no longer to be thought of for typhoid and tuber-

culosis, are often appealed to for cancer. People in general still believe that cancer is incurable, that it has roots which can be removed only by mysterious applications. In other matters they trust their family physician implicitly, but in the case of cancer turn to any ignoramus or quack for paste or plaster. Can a plaster remove cancer? Arsenical and zinc chloride plasters were used by the profession fifty years ago. They caused necrosis, sloughing, and an excessive malodorous discharge. They were extremely painful and tedious, and only rarely were they effectual. In no case is cancer removed by them which could not be removed much more surely and with infinitely less trouble and pain by ordinary surgery. Plasters cannot be used to remove the lymph glands, which very soon become infected by this disease. To remove the primary growth without the removal of these lymph glands is useless from the standpoint of cure.

A woman belonging to a Manitoba town had a rodent ulcer on her face. This is, as you know, one of the most benign of cancers, and grows slowly. This could have been removed painlessly, with healing in six days, with practically no scar, and a permanent cure. She was treated with a plaster, a slough was formed, the bone exposed, terrible suffering endured, healing delayed beyond three months, with an extremely ugly scar as a legacy. A woman came to the out-door department of the Winnipeg General Hospital, whose breast had been sloughed off by plaster treatment at the hands of an Indian woman. She sought relief from an extension of the disease in the axilla. The Indian woman, fearing fatal hemorrhage, dared not apply the plaster in the vicinity of the large vessel. This breast could have been removed, together with the glands involved, with excellent chances of a permanent cure, had the patient sought surgical relief in the first instance. Another patient treated by the same Indian woman with plaster applied to a growth on the neck died suddenly from a most profuse hemorrhage, before a doctor could be summoned. Many such cases are recorded. A doting old man in Winnipeg used to treat cancer in any part of the body by applying a plaster to the top of the head. That such a procedure could actually be resorted to, by even quasi-intelligent people, merely shows that cancer has not yet merged from the superstitious stages of medical treatment.

Origin

Cancer begins by the multiplication of a single cell in some tissue of the body. This multiplication, or growth, is out of proportion in rapidity to the normal growth of the other cells of the tissue from which it originates; hence a swelling or tumor appears, which persistently increases. Cancer always begins in skin or mucous membrane, or the mucous lining of the glands of an organ, such as the breast; but there is one other form of malignant tumor, called Sarcoma, which develops in the deeper structures, the connective tissues of the body (the muscles, bones, and fasciæ). This is popularly known as a flesh cancer, and is more apt to occur in young persons.

Etiology

While the real cause of cancer has not been discovered, it is believed by most research workers to be an infection. We do know that any chronic irritation may be the cause, such as the irritation to the lips by a pipe, a chronic fissure or ulcer, a mole or wart that is exposed to irritation. The chronic irritation caused by gall stones may be followed by cancer. A single blow or injury to the breast may be followed by cancer. It is a well-known fact that chimney-sweeps, from the constant irritation of soot, frequently develop skin cancer. The natives of the Kashmir Mountains are known to develop cancer on the skin of the abdomen, due to a charcoal heater carried in a basket, which is worn under the clothing during the cold weather.

Infectiousness

Cancer may infect a wound or contiguous surface with which it comes in contact. It can be transplanted from one animal to another, but is not contagious in the ordinary sense.

Varieties

There are several varieties of cancer. Rodent ulcer, which occurs on the face, is a very slow-growing form. One which has much fibrous tissue in its structure is called a scirrhus cancer; it is harder and grows slower than one in which the cellular elements predominate (encephaloid or soft cancer).

Stages

The development of cancer may be divided into three stages. The first or local is a very early stage, when the growth is just beginning and has not reached any appreciable size. We do not know how long this stage lasts in the human being, but experiments on mice have shown that it is only thirty-three days. If removed in this state the cure is complete and permanent; but, unfortunately, cases rarely come until this stage has passed.

Second, or Stage of Glandular Involvement.—In this stage, cells from the original growth have travelled along the lymph vessels to the first set of lymph glands. These may not be enlarged sufficiently to be felt, but infection in them can be found with the microscope after their removal.

Third, or Stage of Wide Dissemination.—Here cells have passed the first line of defence, and are now becoming widely disseminated to different parts, sometimes quite remote from the original growth. In this stage all hope of cure has gone forever.

Prophylaxis

Can cancer be prevented? Yes, to a certain extent. If men did not smoke, cancer of the lips, tongue and mouth would be considerably reduced. Small birthmarks on children should be removed. A mole on the skin that has undergone any change should be removed. Women

should guard against injury to the breasts, and should an injury accidentally occur the breast should be watched for some time after, and should any hardness or lump appear, have it seen to at once.

Treatment

Up to the present no cure for cancer has been discovered. X-ray has failed; radium has failed; sero-therapy has not been discovered. The only hope is in early removal. In the first stage cancer can be removed, if accessible, with 100 per cent. of cures; in the second stage, with 50 to 60 per cent.; in the third stage, no cures. Why do patients neglect a lump, or some conditions suggestive of cancer, while in the case of appendicitis they will take the advice of their physician and invariably undergo an operation, even in the middle of the night? It is education in the latter case; in the former it is the lack of education.

Resume

1. To be of service in the campaign against cancer the trained nurse should develop a "cancer sense." If a woman says she has felt a small lump in her breast, do not tell her not to worry about it so long as it is not painful. Cancer is never painful until it is hopelessly far advanced. Should a woman tell you she has noticed irregular uterine bleeding, your advice to her may mean her life, saved or lost, as you advise rightly or wrongly. Remember the slighter and more symptomless the bleeding, the more serious is its significance. The same applies to rectal bleeding. Almost every case of cancer of the rectum I have seen had been treated for hemorrhoids, without a proper examination and accurate diagnosis having been made. Think of the valuable time lost when any day the disease may pass the dividing line, and the patient be in the most hopeless condition. Uterine bleeding occurring after the menopause almost invariably means cancer.

2. Whenever opportunity affords, do not hesitate to tell the public the facts regarding all advertised cures for cancer, the horrible suffering entailed therefrom, and the absolute failure of such cures. Any surgeon in Winnipeg could show you ten cures to their one, and that with clean wounds and the suffering incomparably less. One patient who consulted me, and who had had a plaster applied to her breast, said she suffered the tortures of the unredeemed, and her wound did not heal for nine months. The glands in the axilla, which were already infected, and were not removed by the plaster, progressed rapidly. These would have been removed with the breast had she sought surgical treatment in the first instance. She died a few months later.

3. You may be quite sure when a specific cure for cancer has been discovered, you and the world at large will know about it. There is no disease in which there is such unanimity of opinion among medical men as to the treatment as there is in the case of cancer. All are agreed that early removal is the only cure.

You can best serve by developing the "cancer sense."

Nurses' Alumnae Journal, Winnipeg General Hospital.

Tetanus Neonatorum

By Lila A. Batty, Shanghai

The above disease is, I suppose, scarcely, if ever, met with in our homelands; but in China it is, alas! only too prevalent. In some districts 30 per cent. of all infants die of it, and probably this state of affairs exists all over China.

The Chinese think it is caused by evil spirits, and attempts are made to exorcise the demons. They call it the "seven days' wind." It usually appears in the first two weeks of the child's life, and is fatal in a few hours, or in two or three days. When a second case occurs in a Chinese family, it is customary in some districts for the infant to be wrapped in the skin of an animal, cursed, and stabbed or beheaded, and the demon ordered to go away and never return.

The disease is caused by the terrible custom of dressing the cord with mud, cow's dung, or other filth. The mother will tell you her child is ill and cannot suckle, and, before death, convulsions often appear.

Infant mortality from this and other causes is appalling. Ignorance of the need for ordinary cleanliness is general. Doctors, nurses and hospitals are all too few; but some workers (not nurses) are hoping to be able to save some, at least, by teaching school girls about to be married the simple, old-fashioned practice in vogue with our grandmothers—the use of a square of scorched linen. Therein again lies a difficulty; for the mother-in-law, into whose house the young wife goes, has all power. Even should she return to her own home for the event, as is the custom in many parts of China, the practice will probably be the same.

It is an ordinary occurrence for a woman to tell you she has had eight, ten or even twelve children. A second question reveals the appalling fact that only two or three, or, at the most, four, are living, nearly all having died in early infancy.

The subject of Chinese midwives has been brought up at our Association meetings. The need and the danger are equally great, and, that being so, some of our missionary nurses have sought, as opportunity has arisen, to impart, by gentle suasion, simple lessons in cleanliness and asepics. We are glad to report that one or two, at least, have been willing to learn.

It will be many a long year before the "Sairy Gamp" of China will be a "thing" of the past, and a sufficient number of enlightened nurses ready to care for the mothers and babies. But, in the meantime, if we can gently and lovingly lead them to amend their ways, infant mortality in China might not call for so heavy a toll.

Conservation of Life

By M. Raynor, M.D.

Inasmuch as we are sacrificing human life at such a fearful rate these days, does it not seem imperative that we should be doing more to conserve that which remains and make it more efficient?

Apart from the terrible toll of life which the war took, there is altogether too great a loss in our civil life which could be prevented. According to a statement from the Dominion Government at Ottawa, out of 100,000 deaths, more or less, in Canada in the year 1913, 40,000 could have been prevented by proper methods of sanitation and hygiene. A whole city the size of Victoria, wiped out in one year through carelessness and neglect. In British Columbia last year there were 3,887 deaths, the rate per 1,000 being 10.14. Of these deaths, 387 were due to tuberculosis alone. Rate per thousand, .96.

The report also shows a total of 802 deaths under one year of age, a percentage of 8.15. No statistics are available for Canada; but in the United States, in the year 1913, 15,000 women died from conditions caused by child-birth. The same ratio for Canada, with a population of 8,000,000, would be over 1,200. These deaths are very largely preventable.

In Canada at present, according to official figures, there are some 500 soldiers being treated in various sanitoria for tuberculosis, one hundred and twenty-five of whom have never been out of Canada. With proper camp sanitation and care many of these cases could have been prevented.

We hear much of food conservation, forest conservation, mineral conservation, etc.—all splendid in themselves; but surely of vastly greater importance is the conservation of human life, and we hear very little of this.

"The purpose of government is to protect its citizens, and a government which fails to shelter its citizens against infection is neither intelligent nor moral."

Preventive medicine is one of the most potent factors of the day in the welfare of the race. The greatest asset of any nation is the health of its citizens, and the people who secure this in the highest degree will dominate the earth. As an illustration of what preventive medicine has accomplished, let us look at the following statement:

After the epidemic of plague in London in 1665 the death-rate, so far as it can be ascertained, fell to between 70 and 80 per 1,000. During the next century it fell to 50, but fluctuated greatly with recurring epidemics of typhus and smallpox. In the nineteenth century it gradually and quite constantly decreased, and is now about 14. In 1879-81, the first year in which the mortality statistics in the United States

possessed sufficient accuracy to be of any value, the death-rate in the registered area was 19.8. In 1912 it was 13.9, a decrease of 30 per cent. During the same time the mortality rate from scarlet fever has decreased 89 per cent. and typhoid fever has decreased 50 per cent., that from diphtheria 84 per cent., and that from tuberculosis 54 per cent. Hoffman, of the United States Bureau of Labor, states that, had the death-rate for tuberculosis in 1901 continued, there would have been 200,000 more deaths from this cause from that date to 1911 than actually did occur, so the actual saving of lives from death by tuberculosis accomplished in the decennium averaged 20,000 per year. A battle in which 20,000 are slain stirs the world at the time and fills pages of history later. Preventive medicine measures its successes by the number of lives saved, and 20,000 a year preserved from one disease is no small triumph.

In the last century the average of human life has been increased fifteen years, and this increase could be duplicated in the next twenty years if the facts we now possess were effectively employed. If this be true, is it not time we were taking more active measures to make practical use of our knowledge?

The other provinces of the Dominion are carrying out vigorous health propaganda. In reports which I have just received from Saskatchewan, Manitoba and Ontario it is interesting to note the methods they are adopting of public lectures, distribution of literature on general health topics, provision of free serums, vaccines and antitoxins to the public, child welfare exhibits, etc.

It is to be sincerely hoped that the new administration will not delay this most important department of their work, the safeguarding of the public health of the people of this Province.

BROODING

To think about something else is the best and only sure cure for offended feelings. To think about the offence—its unkindness, its injustice, its meanness of spirit, and all its other ugly aspects—only adds to its sting and deepens our own suffering or anger. This hurts us and helps no one. Eggs are not the only things that are given added life and power by being brooded over. If we want to enlarge and multiply everything unpleasant in that which has offended us, brooding over it will do it. If we want to have done with it and get it out of our life as quickly as possible, to turn deliberately away from it and concentrate our thought and energy upon something else is our sure road to success. "When any one has offended me, I try to raise my soul so high, that the offence cannot reach it," Descartes is credited with saying. But we cannot lift ourselves by mere will-power. We can lose ourselves by devotion to something else, and thus we can lose the offence.—*Sunday School Times.*

Nursing Sisters' Record

Through the kindness of Miss Rayside, Matron-in-Chief in Canada, the following list of decorations presented to our Canadian nurses overseas is given for publication, and also the list of those who have made the supreme sacrifice and given their lives for their country.

The list of decorations is only made up to June, 1918, but Matron Rayside promises that an additional list will be sent shortly.

There is not a nurse in the whole of Canada who will not feel the greatest pride in our members who have so distinguished themselves, and to those who have died in the cause. May their example help us to keep up the highest standards of conduct and professional ability, that, when our time comes to cross the Great Divide, we may not be ashamed to face our sisters there.—Editor's note.

List of Nursing Sisters Awarded the Royal Red Cross

FIRST CLASS

Rank and Name	Corps		London Gazette	Canada Gazette	General Order
Matron McLatchey, K. O.	A.M.C.	4th	Sup., 11- 1-16	25- 3-16	16-1916
Matron Ridley, E. B.	A.M.C.	4th	Sup., 11- 1-16	25- 3-16	16-1916
Matron Tremaine, P. A.	A.M.C.	4th	Sup., 11- 1-16	25- 3-16	16-1916
Matron Campbell, E.	A.M.C.		Sup., 22- 6-15	22- 7-16	57-1916
Matron Macdonald, M. C.	A.M.C.	2nd	Sup., 31-12-15	29- 7-16	62-1916
Matron Charleson, E. M.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Strong, A. C.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Willoughby, B. J.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Wilson, E. M.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Boulter, M. O.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Hartley, A. J.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Matron Hubley, L. M.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Matron Nesbit, V. C.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Matron Rayside, E. C.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Matron Wilson, F.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Matron Casault, H.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Matron Russell, E.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Matron Smith, M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Forrest, A. M.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Matron Matheson, J.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Matron Cameron, N. T.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Forbes, M. H.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Asst. Matron McCafferty, E.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Matron Muldrew, G.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Matron Smellie, B. L.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Matron Goodeve, M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister McDonald, J. M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Shearer, H. D.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Matron Urquhart, J.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Asst. Matron Wilson, N. M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Armstrong, A. B.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Pidgeon, L.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Asst. Matron Shaw, K.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Matron Cains, I. A.	A.M.C.	6th	Sup., 18- 6-18	19-10-18	105-1918
Nursing Sister Corelli, H.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Nursing Sister Dickison, A.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Hegan, E. T.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Nursing Sister McAffee, M.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Mitchell, B. I. A.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Ross, E. B.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918

Rank and Name	Corps		London Gazette	Canada Gazette	General Order
Nursing Sister Ruddick, M. C.....	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Asst. Matron Scott, J. T.....	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Stronach, J.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918

SECOND CLASS

Rank and Name	Corps		London Gazette	Canada Gazette	General Order
Nursing Sister Andrew, A. E.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Andrews, J. F.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Bryne, W.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Davison, B.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron De Cormier, C. A.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Ferguson, S.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Garland, O. F.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Holmes, E. M.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Lambkin, M. K...	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister McCallum, F. E. M.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister McLean, R.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Mattice, F. B.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Mercer, E. C.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Stronach, J.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Tupper, A. A.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Viets, C. W.	A.M.C.		Sup., 2- 6-16	13- 1-17,	111-1916
Nursing Sister Watson, I. B.	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister West, C. F.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Whittick, K. F....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Winter, D. E.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Douglas, M. K. ...	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Gardiner, M. E....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Matron Goodeve, M. M.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Hoerner, S. M.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Scoble, C. I.....	A.M.C.		Sup., 2- 6-16	13- 1-17	111-1916
Nursing Sister Allan, A. D.....	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Dickison, A.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Ellwood, F.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Hare, M.	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Hunter, F. A.....	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Macdonald, J. M...	A.M.C.	3rd	Sup., 29-12-16	14- 4-17	26-1917
Nursing Sister Bell, E. L.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Matron Boultbee, E.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Cameron, C. E. ...	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Clint, M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Drysdale, E.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Ellis, M. P.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister English, M. C.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Fowlds, H. L.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Gallop, A. M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Gray, G. A.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Harvey, R.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Holland, L.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Hood, C.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Howe, M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Johnstone, J.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Macaffee, M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister MacLauchlin, H. A.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Marsh, M. R.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Mavety, G. H.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister McCurdy, N. C....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister McPherson, G. B..	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Motherwell, M.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Pense, E. F.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Robertson, J.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Rose, M.	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Smith, I. B.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Strathy, I. D.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Wylie, F. H.....	A.M.C.		Sup., 23- 2-17	21- 7-17	71-1917
Nursing Sister Brock, L.....	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917

Rank and Name	Corps		London Gazette	Canada Gazette	General Order
Matron Graham, H.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Matron Gamble, L. A.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister Jamieson, M. C.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister Little, K.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister McEachern, L.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister McCullough, G. B.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister Morrison, M. E.	A.M.C.	6th	Sup., 1- 6-17	1- 9-17	81-1917
Nursing Sister Bell, L.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Blewett, B. J.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Cummings, M. A.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
N. Sister Donevan, P. M. (Mrs.)	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister French, G. A.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Hambly, M. H.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Grey, P. A.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Asst. Matron Johnstone, G. I. G. (Mrs.)	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister MacDonald, H. H.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister MacKay, H. B.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Meikeljohn, N. F.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Mowbray, C. M.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Nelson, A. H.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Parks, M.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Rose, P.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Squire, L. G.	A.M.C.	2nd	Sup., 23-10-17	26- 1-18	120-1917
Nursing Sister Baillie, A.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Best, E. M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Bruce, M. E.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Connor, I.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Fray, W. H.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Asst. Matron Galbraith, M. M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Heaney, S.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Johnson, S. P.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Martin, E.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister McCort, M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Robley, S. J.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Stirling, A. M.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Upton, E. F.	A.M.C.		Sup., 28-12-17	23- 3-18	12-1918
Nursing Sister Attrill, A. J.	A.M.C.	6th	Sup., 25- 1-18	6- 4-18	27-1918
Nursing Sister De Merrall, E. W. (Mrs.)	A.M.C.	6th	Sup., 25- 1-18	6- 4-18	27-1918
Nursing Sister Howard, A.	A.M.C.	6th	Sup., 25- 1-18	6- 4-18	27-1918
Nursing Sister Hudson, E.	A.M.C.	6th	Sup., 25- 1-18	6- 4-18	27-1918
Nursing Sister Auger, E. M.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Bliss, M. F.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Brady, I. C.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Davies, I.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Gray, L. N.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Pierce, C. E.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Rice, F. A.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Nursing Sister Spalding, G.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Matron Young, S. E.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Matron Younghusband, C.	A.M.C.	2nd	Sup., 31- 5-18	19-10-18	101-1918
Matron Allwood, M. J.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Blott, M. E.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Brodrick, K. E.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Bruce, A. L.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Campbell, E. N.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Carr-Harris, S. M.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron De Bellefeuille, K.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Fearon, M. I.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Galbraith, L. E.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Galt, C.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Grindlay, A. M.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Guilbride, P. (Mrs.)	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Hayhurst, A.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Hogarth, A. G.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Holdern, I.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918
Matron Hubbs, M. B.	A.M.C.	6th	Sup., 18- 6-18	.....	105-1918

Rank and Name	Corps	London Gazette	Canada Gazette	General Order
Matron Huston, A.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Matron Kennedy, M. C.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Matron Lindsay, M. O.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Lumsden, E. E.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Lyal, J. C. (Mrs.)	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Maccallum, H. B.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Macleod, M. E.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister McKiel, T.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister McNicol, A. H.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Norton, M. Y. E.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Mowat, M.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Oatman, C. M.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Parkins, M. F.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Prichard, M. A.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Quigley, M. E.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Radcliffe, G. S.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Ramsden, G.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Spanner, G. L.	A.M.C.	6th Sup., 18- 6-18	.....	105-1918
Nursing Sister Stevenson, L. C.	A.M.C.	6th Sup., 18- 6-18	.....	101-1918
Nursing Sister Sword, J. E.	A.M.C.	6th Sup., 18- 6-18	.....	101-1918
Nursing Sister White, M. W.	A.M.C.	6th Sup., 18- 6-18	.....	101-1918
Nursing Sister Wilkinson, M. E.	A.M.C.	6th Sup., 18- 6-18	.....	101-1918
Nursing Sister Wilson, B. M. (Mrs.)	A.M.C.	6th Sup., 18- 6-18	.....	101-1918

Died in C.A.M.C.

Matron J. B. Jaggard.....Died
Nursing Sister F. E. Munro.....Died
Nursing Sister A. A. Tupper.....Died
Nursing Sister S. E. Garbutt.....Died
Nursing Sister Etta Sparks.....Died
Nursing Sister L. A. Davies.....Died
Nursing Sister I. L. Kealy.....Died
Nursing Sister A. F. Forneri.....Died
Nursing Sister K. M. McDonald.....Killed in Action
Nursing Sister A. E. Whitely.....Died
Nursing Sister G. M. Wake.....Died of Wounds
Nursing Sister D. M. Y. Baldwin.....Died of Wounds
Nursing Sister A. McPherson.....Died of Wounds
Nursing Sister E. L. Pringle.....Died of Wounds
Nursing Sister Margaret Lowe.....Died of Wounds
Nursing Sister K. J. Ross.....Died
Asst. Matron M. H. Fraser.....Drowned
Nursing Sister C. Campbell.....Drowned
Nursing Sister C. J. Douglas.....Drowned
Nursing Sister H. Dussault.....Drowned
Nursing Sister H. Follette.....Drowned
Nursing Sister M. J. Fortescue.....Drowned
Nursing Sister H. Gallagher.....Drowned
Nursing Sister J. M. McDiarmid.....Drowned
Nursing Sister M. A. McKenzie.....Drowned
Nursing Sister R. McLean, R.R.C.....Drowned
Nursing Sister M. B. Sampson.....Drowned
Nursing Sister G. I. Sare.....Drowned
Nursing Sister K. J. Stamers.....Drowned
Nursing Sister J. Templeman.....Drowned
Nursing Sister L. M. Jenner.....Died
Nursing Sister M. E. Baker.....Died
Nursing Sister V. B. Hennan.....Died
Nursing Sister E. V. McKay.....Died
Nursing Sister A. St. C. Dagg.....Killed at Sea
Nursing Sister H. Millett.....Died
Nursing Sister M. E. Green.....Died
Nursing Sister R. Alpaugh.....Died, Canada
Nursing Sister N. G. Rogers.....Died, Canada
Nursing Sister C. Frederickson.....Died, Canada
Nursing Sister R. H. MacEachern.....Died, Canada
Nursing Sister M. M. Hunt.....Died, Canada
Nursing Sister J. A. Jarvis.....Died, Canada

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THE BABY'S FOOD—Recipes for the preparation of food for infants and children. By Isaac A. Abt, M.D. 140 pages. Cloth, $1.25.

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Hypnotic Blisters

That blisters can actually be produced on the skin by means of hypnotic suggestion alone is the claim made by Mr. J. Arthur Hadfield, Temporary Surgeon, R.N., describing some recent experiments in the *Lancet*.

Getting the consent of a seaman patient at the Royal Naval Hospital, Chatham, to try the experiment, Mr. Hadfield hypnotized the man and then suggested to him that his arm was being touched with a red-hot iron and that a blister would form on the spot. The arm was then covered with a bandage pinned on with a safety-pin, and the pin was sealed with sealing-wax to make certain that the arm could not be interfered with in any way. The patient was watched continuously by nurses till next morning, when, in the presence of three surgeons, including the deputy surgeon-general, the seal was broken and the bandage removed, showing a small blister on the chosen spot. This gradually developed during the day to form a large bleb with an area of inflammation around.

In two other experiments the skin was actually touched with a red-hot iron. In the first instance the surgeon suggested that there would be no pain, and in the second that there would be the usual pain of a blister. The first blister was perfectly painless, had practically no area of inflammation around it, and healed very rapidly. The second blister was painful from the first, was surrounded by a reddened area, and took longer to heal.

From the fact that the blister which was rendered painless by hypnotism healed so quickly, Mr. Hadfield suggests that hypnosis, by rendering wounds and certain painful conditions such as pleurisy less painful, might with advantage be made part of the treatment of such conditions.

O friend, my bosom said,
Through thee alone the sky is arched,
Through thee the rose is red.
All things through thee take noble form
And look beyond the earth,
And is the mill-round of our fate,
A sun path in thy worth.
Me too thy nobleness has taught
To master my despair;
The fountains of my hidden life
Are through thy friendship fair.

EMERSON.

Dakin's Latest Antiseptic—Dichloramine-T

By Herbert W. Baker, B.A., M.B.

The war has stimulated to more active study all branches of science, but none more so than the science of medicine. As a direct result of this we have in use now what is probably the most efficient germicide yet known, viz., Toluol para-sulphon dichloramine, or, as Dakin named it, Dichloramine-T. In pre-war times we were taught that bichloride of mercury, carbolic acid, lysol, boracic acid, etc., killed bacteria, but now we know that they are antiseptics—that is, they inhibit the reproduction of bacteria—but they do not kill unless used in strong solutions under favorable circumstances. The search for the perfect germicide —one that will destroy bacteria without injuring the body cells—has so far been without success, but dichloramine-T has come nearer to it than any other.

Dr. Henry D. Dakin, of New York, tried out about 200 substances known as, or thought to be, antiseptics, and came to the conclusion that the chlorine compounds were the best. He found that when chlorine comes in contact with proteins, or certain other substances, it unites with them, and this chlorination of bacterial proteins seems to be incompatible with the life of the micro-organism.

Early in the war Dakin suggested a standardized aqueous solution of sodium hypochlorite as an antiseptic. This contained 0.45 to 0.50% of active chlorine. Carrel gave us a technique for its use known as the "Carrel-Dakin method of treating infected wounds." This method brought wonderful results, but only with those that had been specially trained in its use. The technique was complicated, and if at any place it broke down the results might be disastrous.

In order to overcome these pitfalls in technique, Dakin later introduced dichloramine-T. This is an aromatic chloramine in the form of a white powder and contains about 29% of chlorine, which is held in combination very loosely. Formerly we used chlorinated eucalyptol and chlorinated parafin as solvents for the powder; but now we use chlorinated parafin wax, which has been given the name "chlorocosane." The powder is dissolved in this oily substance in 5% solution, and, if kept properly, it will not decompose in less than two months.

There are several precautions that one must take in using dichloramine-T, upon which the stability of the solution depends:

(1) The antiseptic must be kept in brown bottles and protected from the light.

(2) It must also be kept free from water, alcohol or other adulterants, even in minute quantities, as these will cause early decomposition. This breaking down of the compound is evidenced by the formation of crystals which collect at the bottom of the bottle.

(3) Bottles or other containers of dichloramine-T should always be cleaned with chloroform, as this dissolves both the antiseptic and the wax in which it is in solution. They should also be thoroughly dried before being used again.

(4) Wet dressings should not be put over a wound on which dichloramine-T has been used, because water will cause decomposition of the compound in the wound.

(5) A minimum amount of dressing material should be used, four layers of gauze and no cotton pads to be preferred. The use of this antiseptic should reduce the amount of dressing material at least fifty per cent.

Dichloramine-T was first used as a nose and throat spray to disinfect diphtheria and meningitis carriers. Normal saline was used for a gargle and nasal douche to clean out the passages, and then the oil was sprayed so that it reached all surfaces. Two per cent. solution was used. The results have been striking. In a town in Western Ontario fifty-nine cases of diphtheria carriers, who had been quarantined for two weeks, were released on an average of five days after using the oil spray.

It is of most use in recent wounds—that is, where the infection is present, but pus not yet formed. These wounds are cleaned up with gasoline and then swabbed out with dichloramine-T and sewn up without drainage. Even compound fractures, if dressed within six hours of receipt of injury, can be closed tightly, and 95% will remain clean.

In cases of cellulitis or other pus infections, dependent drainage is provided for and then the wound packed with gauze soaked with the oil. Daily dressings only are needed. Appendiceal and other abdominal abscesses, carbuncles, boils, empyemata of the pleurae, mastoid wounds, etc., may be treated in a similar manner.

As a dressing for burns and skin-graft cases, we use a 2% solution. This does not irritate in the least, and keeps the wound sterile.

The simplicity of the technique and the remarkable results obtained will no doubt soon put dichloramine-T in the position of being one of the most widely used antiseptics.

588 Spadina Avenue, Toronto, Ont.

Chocolate Cream

Soak one envelope of granulated gelatine in a quarter of a cup of cold water; chill and whip a pint of cream; melt a square of chocolate and add it to a small cup of hot milk, a third of a cup of sugar and a teaspoonful of vanilla; add the soaked gelatine, and stir until it is dissolved. Strain into a pan placed in ice-water, and, when the mixture is cold and beginning to thicken, stir in lightly the whipped cream. Pour into small cups.

Editorial

At last the time and place of the two conventions to be held this Summer have been arranged. The C.A.N.E. will meet June 30th and July 1st, and the C.N.A.T.N. July 2-5.

Both will be held in Vancouver, where it is hoped all nurses interested in these times of reconstruction in all things, including our profession, will make a special attempt to come. It is not alone in the formal meetings that benefit is gained, but in the gathering together of people all working to gain a certain end, though with varying methods and success. Full details will be given in later issues as to the programme and arrangements. The convener of the Arrangements Committee is Miss Helen Randal, 125 Vancouver Block, Vancouver, B.C., to whom all communications can be sent.

* * *

The following communications to be published have been recently sent by the President, Miss Jean Gunn:

"The members of the Editorial Board of the *Canadian Nurse* have cancelled the note for $500.00 (five hundred dollars) which would have been payable in August, 1919, towards the purchase of the *Canadian Nurse* magazine. In consequence of this action, the Canadian National Association of Trained Nurses will acquire the magazine at a cost of $1,500 instead of $2,000. This reduces the purchase price very materially, and should be a great encouragement to the Association. The magazine is now free from debt, due to the interest and generosity of the Editorial Board.

"At an executive meeting held in Toronto February 22nd, 1919, the following resolution was carried: 'That a letter expressing the appreciation of the Canadian National Association of Trained Nurses be sent to Miss Minnie Christie, as Secretary of the Editorial Board, for the work she has done for so many years, and the keen interest she has taken in the magazine and the Association.'"

* * *

The following resolution was passed by the Central Council of the Red Cross Society, in session, Tuesday, February 25th last:

"That the Central Council of the Canadian Red Cross has received with interest the letter from Miss Jean I. Gunn, President of the Canadian National Association of Trained Nurses, and has given it careful and sympathetic attention."

The Council, at its present session, has resolved to apply to Parliament for an extension of its powers, and, if such extension is secured, the Council will proceed to outline an enlarged policy, in which relation to trained nurses and voluntary or untrained assistants will form a large part; and at this point the suggestion made by the Canadian National Association of Trained Nurses will be re-discussed and an opportunity given to the Association to place its views before the Council or any committee appointed to deal with this matter.

SUMMER FASHIONS

Summer cometh in apace;
All the world is decked in green.
Nature shows a smiling face,
And behind the leafy screen
Mated birds uplift their song
Through the sunny hours and long.

Clouds are whiter and the sky
Takes a deeper azure hue,
While sweet damsels pass me by
Clad in raiment soft and new;
Tender tints or white or cream
Fitly chime with Nature's scheme.

Mistress Fashion plies her art
Even 'neath the clouds of war;
Such allurements play their part
Even as in days of yore;
And their charm appears to me
Greater for simplicity.

Yet where other tribute pay
To the glory of the year,
You pursue your changeless way,
And for this are doubly dear.
With the Red Cross on your breast,
Where is maid more sweetly drest?

TOUCHSTONE.

The world has no room for cowards. We must all be ready somehow to toil, to suffer, to die. And yours is not the less noble because no drums beat before you when you go out into your daily battlefields, and no crowds shout about your coming when you return from your daily victory or defeat.—ROBERT L. STEVENSON.

Victorian Order of Nurses

A Well Baby Clinic has been established in one of the public schools in Halifax, in a room kindly provided by the school board.

The V.O.N. in Halifax are enjoying a series of lectures on Social Service and Public Health Nursing given by those engaged in the different phases of the work. These are given in the Home.

Miss Gibbs, special representative of the Order, has been recently in Halifax, where she addressed young women at the Ladies' College, Halifax Academy, Victoria General Hospital, Dalhousie Delta Gamma Society, and at a public meeting at the Y.W.C.A. Miss Gibbs' talks were much enjoyed, and it is hoped that her plea for more young women to take up the profession of nursing will bear fruit.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

NEW BED FOR PARALYTICS

There is great difficulty in handling a patient suffering from spinal wounds, either for the purpose of attending to the wound or to remake his bed, without causing him much suffering during the operation. With this end in view, a new bed has been constructed and used in Great Britain.

This bed has surrounding it, close to the edge of the mattress, a rectangular framework of hollow metal piping. The parallel sides are connected by broad bands of webbing stretched across the top of the mattress; the patient lies on these bands. The short sides of the framework of the bed—that is, at the head and foot—are also connected by a geared wheel having a vertical post. By turning the handle at the foot or head of the bed, the framework, with the patient lying on the webbing, is lifted off the mattress, while his position remains unchanged.

Thus it is possible to attend to the patient and to remake his bed with the minimum of trouble and suffering, and thus a material advance is made in treating the bed-ridden.—*Scientific American.*

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

* * * *

On Tuesday evening, March 4th, the nurses enjoyed an interesting talk from Lieut.-Colonel W. G. Turner, M.C., on his experiences overseas. There was a very good attendance.

PIGEONS IN SING-SING

One of the inmates of Sing-Sing is the proud owner of one of the finest pigeon-cotes in the State, and this collection of pigeons was gleaned in a predatory manner by a "flyer" who lured the others into the prison, until there were a score of birds to share the cote with the flyer.

Cats are a cherished possession, with which the inmates share their meals; and one Italian prisoner has a pair of rabbits of which much is expected in the line of progeny as the months go on.

No man is wholly bad who can love a pet in a sordid, gray prison; and the spectacle of a "lifer" bathing and washing a little dog or cat, and sharing his meals with the pet, is one to move a heart of stone.

Outside the walls of Sing-Sing, in a little piggery, are perhaps the strangest pets of all, for there are three small pigs mansioned by the keeper of the piggery. They are bathed and scrubbed every day; and these pigs have the entire run of the outer institution with Dolly, the goat, with whom they fraternize.

The love of pets, which all prisoners share, is best exemplified by the story of a prisoner who, upon being released from Sing-Sing, went to New York, and there, seeing an Italian selling canary birds, bought the entire push-cart load and released them, for he had learned the priceless lesson that "liberty is a wonderful thing and a thing to grant to all of God's creatures."

News from The Medical World

By Elizabeth Robinson Scovil

Blood Transfusion

It is stated in the *Review of War Surgery and Medicine* that blood transfusion is superior to all other methods for a prompt restoration of the circulation in anemic individuals, and is the surest means to prevent the more pronounced, sudden and usually fatal circulatory depression apt to occur during surgical operations on such patients.

Drug Eruptions

It is said that a large number of drugs produce eruptions, but relatively few affect all individuals. The same drug does not always produce the same form of eruption. The iodides usually cause an acne-like eruption, but may give rise to more serious conditions; the same is true of the bromides. The hypnotics frequently produce eruptions of varying character; those resulting from the administration of barbital are often accompanied by severe itching and burning; a chronic pruritus may be a symptom of chronic opium addiction. The preparations of arsenic occasionally produce herpes zoster; they cause a variety of keratosis, possibly followed by epithelioma. Arsphenamin sometimes causes a violent dermatitis with symptoms of nephritis. In the presence of an unusual form of eruption, the possibility of its drug origin should be considered.

Adhesive Plaster for Wounds

A writer in an Italian medical journal advocates the application of narrow strips of adhesive plaster directly to wounds. They are said to heal under this dressing much faster and better than under gauze dressings, even when the gauze can be kept constantly moist. The strips of plaster are long enough to extend for some distance on each side of the wound, drawn tight and pressed down on the wound. Under this pressure, constriction and protection, without any antiseptic, the granulations are held in proper proportion and the wound heals quickly. Extensive bed sores have done well under this method. It acts better when the strips are left untouched for six or eight, or more, days. The simplest way to sterilize it, he says, is to leave it in alcohol for a day or two and then burn out the alcohol. Would not this affect its adhesiveness?

Diet in Epilepsy

A French medical journal insists that salt shall be discarded absolutely in the diet of the epileptic. Tea, coffee and alcohol are also prohibited. No salt should be used in cooking, not even in bread or

butter. Sugar, pepper, vinegar and lemon juice are allowed freely. The diet can be varied and liberal, but must be entirely without salt. The failures reported were always in wealthy homes.

Boot Heels at Fault

A writer in the *British Medical Journal* strongly condemns the use of heels on boots as causing flat-foot, soldier's heart, myalgia, etc. He says if the heels are raised from the ground by boot heels even a quarter of an inch thicker than the soles the outer side of the foot is removed from the ground and the weight falls on the arch. The centre of gravity is thrown forward, and in a man 5 feet 7 inches tall the head is thrown 9 inches off the vertical by a three-quarters inch high heel. To remedy this, and to prevent falling forward, the back muscles and the extensives of the thigh and foot come into action. The muscle which supports the arch and everts the foot becomes elongated and ceases to act. The soldier referred to has to exert strength enough to be constantly lifting 56 pounds in order to retain his balance. Every heart, even if healthy, is not equal to this strain. To preserve the lumbar curve, without overtaxing the back muscles, women are obliged to use corsets and men wear waist belts. The waste of neuro muscular energy is very great and must help in producing hysteria, neurasthenia and possibly refraction troubles. Heels are also partly responsible for hammer toes. The author thinks sprained ankles, the stoop of old age, asthma, varicose veins, weak back and spinal curvature may be partly due to the effect of heels. A rational boot should have the sole and heel of the same thickness, with a slight convexity under the arch of the foot, but not enough to press on the sole.

The Tuberculosis Patient and Rest

The *American Review of Tuberculosis* says the influence of rest in abating the severity of an inflammatory process is well known. The effect of motion and friction in spreading infection from a suppurating focus is a familiar surgical fact. Not only should deep breathing be avoided in the tubercular patient, but motion of the upper extremities should be reduced to a minimum. Rest is always highly desirable to promote cicatrization and encapsulation. Lastly, rest of the body is needed for its recuperation. Psychic and physical relaxation should both be practiced. The neurasthenic tuberculous patient with the anesthesia of fatigue, or the restlessness of the over-fatigued who are "too tired to rest," must learn to rest and relax—not only to recreate his energy in some measure, but to store it up. Rest must be the only means associated with the outdoor life as far as practicable.

Words are things; and a small drop of ink, falling, like dew, upon a thought, produces that which makes thousands, perhaps millions, think.—Don Juan.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

New Brunswick

The importance of the control and, as far as possible, elimination of "venereal diseases" is being fully recognized by the newly-constituted "Health Department" of New Brunswick. The Minister of Health for this Province and the Chief Medical Officer attended a conference at Ottawa recently of sanitary authorities, both military and civil, when this important subject was fully discussed, with a view of obtaining co-ordinate action along these lines of all the provinces of Canada. The conference was most satisfactory and promising.

Following up this action, a recent meeting of departmental officials of this Province, with a committee from the medical military officers of the Province, was held in St. John, and, as a result, regulations governing the reporting, control and treatment of these diseases are being prepared by the "Department."

It is proposed to treat diseases of the nature referred to in a manner similar to that by which tuberculosis and serious nervous diseases are treated, namely, isolation from the public and from patients suffering from other diseases, until cures are accomplished.

At a recent meeting of the St. John Sub-District Board of Health, matters relating to "child welfare" and "milk inspection" were considered.

Hon. Dr. Roberts, Minister of Health, addressed the Victorian Order of Nurses of St. John, and their respective committees, recently with regard to "child welfare" work in St. John.

It was proposed to divide the city into districts, each nurse to have charge of a district, and, by adding another nurse, more time could be given "child welfare" work.

Halifax

A class for conservation of vision has been opened by the public school system of Halifax. As a result of the explosion many children were found to be suffering from such defective eyesight that they could not make use of the ordinary school equipment. Miss Gladys Sibley, of Halifax, who has undertaken the work there in co-operation with Mr. Joseph Murphy, visited Ohio for the purpose of studying the best methods for conducting such a class. Mr. Murphy visited the Massachusetts classes, so that all available information might be obtained to make this undertaking a success.

A series of lectures on "Child Welfare" will be given in Halifax in April by Mr. J. Prentiss Murphy, general secretary of the Children's Aid Society of Boston. The subjects to be covered will include: "Responsibility of the State for Its Children," "Family versus Institution," "The Unmarried Mother," "The Care and Treatment of Difficult Children" and "Child Delinquency." Lieut.-Governor Grant will preside.

Toronto

One of the chief problems confronting the Medical Branch of the Department of Soldiers' Civil Re-establishment is to keep in close touch with the ex-soldier patients in their homes.

The doctors believe that this object can be accomplished by means of specially qualified trained nurses, and, with this end in view, the Medical Director, "D" and "F" units, Dr. Ryan, has established a nursing service in connection with headquarters "D" unit. These nurses would constitute a link between the patient in his home and his physician at headquarters or the hospital.

The principal duties of such nurses would be to instruct patients to see that they are carrying out their doctors' orders and to furnish reports concerning their condition to the attending physicians.

It is important that these nurses should confine their attention chiefly to the medical problems of soldier patients; but in cases where the families were in need of assistance, they would co-operate with the organized societies, both official and voluntary, which have been created for the purpose of assisting in repatriation work.

The nurse directing this department remains in the office the greater part of the day directing the work.

At present four nurses are on duty in Toronto, but it is proposed to extend this service to entirely include all "D" and "F" units, that all discharged soldiers in this area may have the benefit of this service. The work is under the direction of Miss Stirrett, formerly with the Board of Health, Toronto.

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New Wool Jersey Dresses at from.....$35.00 to $65.00
A special line in Serge Dresses at..... $25.00
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The Diet Kitchen

By Elizabeth Robinson Scovil

Florence Nightingale once said that "to watch for the opinions which the patient's stomach gives, rather than to read analyses of foods, is the business of all those who have to settle what the patient is to eat —perhaps the most important thing to be provided for him after the air he is to breathe."

The likes and dislikes of the patient in regard to food must be carefully ascertained and considered by the nurse, if she is to feed him successfully, and the amount of nourishment taken and assimilated often determines the outcome of the case.

The nurse should be competent to cook perfectly and serve daintily many dishes, so that she may have a wide range to choose from and be able to tempt the most fastidious appetite. It is a very mistaken idea that a nurse can intrust the food of her patient to anyone who offers to prepare it. It is far more important in most cases than the medicine she administers, and she should not dream of letting anyone else take charge of that.

When wheat flour is allowed in the diet list, macaroni, spaghetti, vermicelli or noodles may be used. They are made from the glutinous flour of hard wheat and are supposed to be a peculiarly Italian commodity. In point of fact, they are now manufactured in the United States by much more sanitary methods than in Italy. There it may often be seen hanging on wooden frames to dry by the roadside, exposed to all the winds that blow and the dust that they carry.

A stiff mixture of flour and hot water is placed in an iron cylinder, one end of which is a disk pierced with holes, varying in size according to the product required. A piston in the cylinder forces the paste through these holes in long strings, which are afterwards dried.

The smallest threads are vermicelli, meaning little worms; the next spaghetti, the Italian for a cord, because the little rods are not hollow; the larger tubes are macaroni, meaning crushed. Noodles are of different shapes and are used only in soups. Good macaroni is yellowish in color and rough in texture, breaks cleanly without splitting, and swells to double its size in boiling; it does not become pasty nor lose its tube-like shape.

It should be broken in pieces, put in boiling salted water and cooked until tender, from twenty minutes upwards. Spaghetti can be held in a bunch and the ends dipped in a saucepan of boiling salted water; as it softens, it can be coiled around the saucepan. When macaroni or spaghetti is cooked it should be put in a strainer and cold water allowed

to run through it to remove the starch on the outside that might make it sticky.

They contain so much gluten, they are almost equal to meat in food value, especially if cheese can be added to them.

As macaroni and its compatriots are rather tasteless in themselves, they are improved by the addition of tomato, cheese, or something to give them a decided flavor.

Boiled macaroni, or spaghetti, with a well-seasoned tomato sauce poured over it, is very palatable.

Tomato Sauce

One cupful of canned or cooked tomatoes, half a teaspoonful of chopped onions, boiled together for fifteen minutes. Strain and add one tablespoonful of butter and one of flour, rubbed to a smooth paste; boil until the mixture thickens, and add pepper and salt; put in the cooked macaroni and serve very hot.

Vermicelli can be put in tomato soup. Noodles, which are made from a paste of flour, water and eggs, can be used in bouillon, or any clear soup.

Baked Macaroni and Cheese

Break half a cupful of macaroni into one-inch pieces and cook it in plenty of boiling salted water. Make a good white sauce with one tablespoonful of butter and one of flour, a cup of milk and a little salt. Put a layer of macaroni sprinkled with grated cheese in a dish, and cover with white sauce; repeat until all is used. Cover with bread-crumbs dipped in melted butter, and bake until brown.

Sir Henry Thompson, an authority on dietetics, says that, "weight for weight, macaroni may be regarded as not less valuable for flesh-making purposes than beef or mutton. Most people can digest it more easily and rapidly than meat, and it is therefore an admirable substitute for it." The flour from which these Italian pastes are made has had a part of the starch removed from it, and so contains a relatively large proportion of nitrogenous matter. Being tough, they require to be cooked until soft to make them thoroughly digestible.

Chocolate Charlotte

Half a tablespoon of granulated gelatine, a tablespoonful of cold water, two tablespoonsful of scalded cream, three-quarters of a square of chocolate, a tablespoonful and a half of hot water, one-third of a cup of sugar, the whip from a cup and a half of cream. Melt the chocolate, add the sugar, dilute with boiling water and add to the gelatine already dissolved in the cold water. Set a bowl in pan of ice-water and stir constantly until it begins to thicken; then fold in the whip from the cream, and pour into a mould.

The World's Pulse

French military authorities have in custody a man named Krein, who is said to have had a part in the tragedy of Edith Cavell's death. He was in jail at St. Quentin at the beginning of the war and was released by the Germans. He went to the mansion of the Prince and Princess Croy, in Belgium, and denounced them as having aided French prisoners of war to escape. As a result, the Princess was condemned to ten years' imprisonment at hard labor. He next went to Brussels, where he entered Miss Cavell's hospital service and helped to work up the case against her.

The covenant of the League of Nations is called the Magna Charta of Mankind. No nation is to go to war with any other nation until every other means of settling the dispute has been fully and fairly tried. Commercial relations are to cease, first, with the offending country; and, if she persists in the fighting spirit, she will be ostracized by the other nations. Force is to be used as a last resort, the nations uniting against the offender. It is hoped that an arrangement may be arrived at to reduce armaments, and, possibly, in time, to abolish the making of munitions for private profit.

It is proposed to plant the whole of the battle-line, from the Belgian to the Swiss frontier, with a belt of trees as a perpetual remembrance. The trees are to be elms, oaks, willows and firs. The French Government will carry out the plan as a perpetual memorial to those who fell in the great war. It will be called Battle-Line Avenue.

The English Admiralty Salvage Department has already raised ships to the value of fifty million pounds sunk by submarines. One hundred and fifty vessels have been salvaged, and the whereabouts of a hundred more is known. In some cases water was forced out of the sunken vessels by air-pressure, so that they rose to the surface with their cargoes.

A secret well kept during the war was the sending of over two thousand tanks to France at one time, packed in such a way that it was impossible to tell what they were. They were shipped by the London and South Western Railway and taken from Southampton to Dieppe and Cherbourg by the train ferry. The railway staff knew what the freight was, but no one revealed the fact.

A squadron of British military airplanes have carried food, clothing and other necessities to Belgium for the relief of the population there. The average air speed was a hundred miles an hour, and about two tons was carried at once.

Two hundred Canadian soldier students are being selected for training in British universities while they are waiting for demobiliza-

tion. Only those are eligible who have completed their second year in medicine, theology, agriculture, arts, engineering or law in a Canadian university. They will draw Army pay and allowance.

The bells of Westminster Abbey have been overlooked and rehung, that the Peace peal may be fittingly rung upon them. The work was done by Mears and Stainbank, a firm of bell-founders which has been intimately connected with the Abbey bells since 1570. The smallest and oldest bell in the belfry is the treble, which was cast early in the 14th century, probably by Richard de Wymbish. It will be left in the tower, but will not be included in the peal, three new bells being added to complete the octave.

Single German steamers are visiting Scandinavian harbors, with "Waffenstillstand" (Armistice) painted on their side. Their captains declare that Englishmen now control the whole German commercial fleet, no ship being allowed to leave port without permission from the British Commission at Wilhelmshaven. The German ships fly no flag.

It is proposed to restore the mosque of St. Sophia, Constantinople, to Christendom. It was built as a Christian cathedral by Constantine the Great, and rebuilt in still greater magnificence by the Emperor Justinian. Four minarets were added by the Turkish Emperor, Selim II., and it has been in the hands of the Mahomedans for centuries.

General Lord Cavan sent sixty tons of flour to Vienna to be sold to the poor at 16 cents a pound, the prevailing price being $1.68.

A chateau and farm belonging to the ex-Kaiser, situated in Alsace-Lorraine and estimated to be worth about $120,000.00, has been seized by the Metz courts for the benefit of his French Alsatian and Lorraine creditors.

The London *Daily Mail* has offered a prize of £10,000 for the first trans-Atlantic air flight. There are numerous competitors. An American one is Lieut. Pat O'Brien, who escaped from Germany by jumping from a moving railway train.

Dr. Woods-Hutchinson, in his book, *"The Doctor in War,"* says: "Pestilence was the deadliest foe of armies in the past. To-day the doctors, and still more the advocates of strict sanitary rules and arrangements, have conquered pestilence. Plenty of good food, well equipped hospitals, skill in surgery, and, above all, inoculation against typhoid, have saved 400,000 lives a year on the British front alone. The deaths from disease in the field were not half what they used to be in barracks during peace."

One hundred and fifty women were employed in the most confidential work in the British diplomatic department of the Peace Conference. They had been specially trained for their duties in London, and were either public school or university girls who had taken high honors in languages, history, economics or similar subjects, or had special professional ability. Some were expert linguists who could record discussions in foreign languages and copy foreign documents.

Hospitals and Nurses

NOVA SCOTIA

The following nurses recently graduated from the Victoria General Hospital, Halifax, viz.: Misses Ruby Duncanson, Emma Vaughan, Annie Brent, Alice Hyatt, Martha Vaughan, Ethel Redwood, Mr. Roderick McInnes and Mr. Hedley O'Brien.

Miss Ethel Redmond (class '18, V.G.H.) has accepted a position as head nurse in a medical ward of that hospital.

A registration bill is being drafted, which, it is hoped, will be introduced at the present session of the Legislature.

The matter of having a memorial to the brave nurses whose lives were lost in the hospital ship "Llandovery Castle" tragedy has been placed in the hands of a special committee, with Miss Pemberton as convener. Miss Follette was a member of the N.S.G.N.A., and many other victims of that fatality were well known in Halifax, having had their military training at the "Station Hospital."

It is recorded at the City Hall, Halifax, that seven thousand women registered their eligibility to have their names entered on the voters' list. There were two thousand also in Dartmouth who were registered for the same purpose.

Mrs. Corsten's many friends will be relieved to know that she has quite recovered from her recent attack of pneumonia.

The Dalhousie unit, it is rumored, expect to be back shortly in Halifax. The majority of its members are members of the N. S. G. N. A., and they will be given a hearty welcome on their return.

Miss Barrington, president of the N.S.G.N.A., is at present hard at work arranging a "birthday party" in aid of the Infants' Home The price of admission is the number of cents that would indicate one's age. It is hoped that there will be a generous response to Miss Barrington's appeal.

The nursing sisters and officers of Camp Hill Hospital were "At Home" to their friends lately. The hall was decorated, and a very pleasant time was enjoyed.

The last meeting of the N.S.G.N.A. was largely attended. Miss Graham, principal matron for the military hospitals of the Province, and Miss Colleck, matron of Camp Hill hospital, were guests. An appeal for more interest and funds was made.

A very pleasant tea was held at the Church of England Institute by the members of the St. John Ambulance Brigade. Home-made delicacies were sold, and the proceeds are to help carry on the work.

Nursing Sister Trivett, formerly of Camp Hill Hospital, has obtained her discharge, and has taken a position at the T.B. Hospital, Dartmouth, where Miss Gertrude MacKenzie, formerly matron of the Ross Military Hospital, Sydney, is with her.

The hospital ships are now landing at Portland, Maine, instead of Halifax, and nursing sisters from Montreal are looking after the hospital trains.

Nursing Sister Howard, graduate of the Aberdeen Hospital, New Glasgow, has returned from overseas, and is on duty at Camp Hill Hospital.

Great praise has been given the graduate nurses who have been placed on the soldiers' dependents' trains by the Red Cross. Many interesting reports have been received from these nurses, who are kept busy with at least many minor injuries and sickness, and occasionally a case will develop so seriously that the patient has to be transferred to the nearest hospital. The stock of drugs, dressings and comforts for these women and children, supplied by the Red Cross, are gratefully appreciated and used.

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QUEBEC

A special meeting of the executive of the Graduate Nurses' Association of the Province of Quebec was held at 638a Dorchester Street, West, on Friday, December 6th, 1918, at which were present, by invitation, representatives of the following training schools: Western Hospital, Montreal General Hospital, Royal Victoria Hospital, Notre Dame Hospital, Children's Memorial Hospital, Alexandra Hospital.

It was decided that a report of this meeting should be forwarded to the various hospitals of the Province, with the request that it receive careful consideration, and also that any resolutions or request from time to time sent in by this Association (which would always be made after careful thought and discussion and always with the best interests of the training schools and the future of the nursing profession in mind) should receive interested consideration by the boards of management of the hospitals of the Province.

It was thought advisable that in all hospitals, whatever the size, there should be definite representation of the training school on the board of management, so that such questions as altered curriculum, standardization of curriculum, or the immediate needs of the individual training school should be discussed uniformly in the various hospitals. It was not considered advisable to suggest any particular person or persons, as each hospital board knows who in its own opinion could best present all training school problems and act as a direct medium between the board and the superintendent of nurses.

As a direct result of a questionaire sent in by the Victorian Order of Nurses, asking that an elective course in public health nursing and

district work be included in the three years' course of training, so as to better equip the pupil who is interested in the preventive work for such positions after graduating as school nurse, public health nurse, social service worker, etc., and lessen the necessity of expensive (both in time and money) post-graduate courses by giving a short intensive course in practical instruction in bedside nursing in the home and teaching hygienic living. Observation work in the following branches: Parental work, child welfare, school nursing, relief organization, management of the district and the keeping of records. This Association desires that this matter be considered by your board; and as these matters are all taken up with a view to standardize the curriculum of the training schools, not only provincial, but national, it is hoped that they will be discussed and criticized by you, and your decision sent to us.

ROYAL VICTORIA HOSPITAL, MONTREAL

The Alumnæ Association and members of the graduating class have recently been addressed by the following: Lieut.-Colonel Armstrong, on "War Surgery," illustrated with slides showing interesting conditions in fractures found in war injuries; J. Howard Falk, recently appointed Director of Social Service at McGill University; Miss Gibbs, of the Victorian Order, giving a brief history of the Order and an attractive view of the field for district nurses; Dr. David MacKenzie, Urologist to R.V.H., on "Nursing Care of Urological Cases."

Nursing Sister Powell, recently of No. 3 McGill Unit, C.A.M.C., and Nursing Sister Mabel Lindsay, of Fredericton Military Hospital, have been recent patients in the Ross Memorial Hospital.

Nursing Sisters Ida MacGregor and Marion O'Dell are on the staff of St. Anne's Military Hospital, Ste. Anne de Bellvue, Que.

Miss Marguerite Bellhouse ('16) has resigned the position of nurse-in-charge, fifth floor, Ross Memorial, and is at present attached to Chalmers' Settlement House, Delorimer Avenue, Montreal.

Nursing Sister Fannie Munroe has returned from Taplow, and is now attached to London Military Hospital, Ontario.

Mrs. Scrimger (nee Carpenter) has arrived in Montreal from England. She is the guest of Dr. Scrimger's mother.

Miss Nora Nagle ('16) has been appointed assistant superintendent of the General Hospital, Hamilton, Ont. Miss Nagle resigned from the staff of Mount Sinai Hospital, New York, as instructor of practical nursing.

The engagement is announced of Miss S. Kent, of Collingwood, Ont. (class '16), to Mr. H. Clarke, of Montreal. The wedding will take place April 11th, 1919.

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ONTARIO

KITCHENER

An interesting address was given at the last monthly meeting of the Kitchener and Waterloo Graduate Nurses' Association by Miss

Kuntz, who returned recently from overseas. The address was followed by refreshments, and a very enjoyable evening was spent.

On Monday, March 17th, the Nurses' Association held a most delightful party at the home of Miss Elsie Masters, when she was presented with a beautiful bar-pin, with diamond setting, by the Association in appreciation of her devoted services as secretary to the Kitchener and Waterloo Graduate Nurses' Association.

Ottawa

The Ottawa Chapter of the G.N.A.O. is opposing the proposal that the statue being carved as a memorial to Edith Cavell should be also the memorial of the Canadian nurses who have given their lives for the Empire during the great war. While all the nurses are in favor of a memorial to the martyred nurse, they still feel that it is only right that a separate memorial shall be raised to our own Canadian nurses.

Hamilton

Mr. and Mrs. T. G. H. Pattison announce the engagement of their daughter, Henrietta, to Edward Albert Haines, of Parry Sound, the wedding to take place April 10th in Hamilton.

The graduate nurses of Hamilton City Hospital express their sympathy to two of its members—Mrs. McBride, on the death of her husband, Dr. McBride, of Welland, Ont. (Mrs. McBride was Miss Della Cluff, of Clinton, Ont.), and to Dr. and Mrs. Woodhall (Miss Touchborn), on the death of their little daughter, who passed away after a short illness of influenza.

Thunder Bay G.N.A.

A meeting of the G.N.A. of Thunder Bay District was held at the McKellar Hospital Nurses' Home, Fort William, Ont., with a large attendance. The newly-elected president, Mrs. Stuart Langille, presided. The establishment of a nurses' registry is under discussion. Many old members were welcomed, as well as new ones. The programme for the rest of the year was left in the hands of the executive committee. After the routine business the meeting was adjourned, when refreshments were served and a pleasant evening spent.

The regular monthly meeting of the G.N.A. of Thunder Bay District was held at the Nurses' Home, Port Arthur, March 6th. Dr. Powell addressed the meeting on the subject of the proposed nurses' registry, and the matter was left to a committee to report at a future meeting. Two returned nurses—Sisters A. L. Bradley, of Fort William, and Cumming, of Port Arthur—were present at the meeting and promised a talk on their experiences at a future meeting. Nursing Sister Bradley won the M.C., and was overseas four years. She is now in charge of the Keefer Convalescent Home for Returned Soldiers in Port Arthur. Miss Bradley is a graduate of Jeffery Hales' Hospital, Quebec.

Toronto

A progressive euchre party of twenty tables was held March 27th

at the Toronto Orthopedic Hospital in aid of the Alumnæ Association. Mrs. A. W. McClennan, president of this Alumnæ, and Miss E. MacLean, superintendent of the hospital, received their guests. Among those present were Miss Plunkett Campbell, Dr. Elizabeth Stewart, Dr. W. S. Verrall and Mrs. Verrall, Dr. A. W. McClennan, Dr. C. Stewart Wright and Mrs. Wright, and Mr. and Mrs. W. J. S. Smithers. Cards were played until a late hour, when refreshments were served and the prizes distributed.

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MANITOBA

Winnipeg General Hospital A.A.

McGill University is considering the addition of a Department of Nursing. Miss I. M. Stewart (class 1902), assistant professor, Department of Health, Teachers' College, Columbia University, was recently called to Montreal to give an address on the subject.

Miss K. A. Cottar has resigned after two and a half years in connection with the anaesthetic department of the W.G.H., and has accepted the position of superintendent of the Dauphin Hospital.

Winnipeg General Hospital has given 132 of the 2,002 nursing sisters supplied by Canada to the war, according to a list just published by the Nurses' Alumnæ Association.

Four of the sisters paid the last full measure of devotion: The Misses Ada Ross, Lenna Jenner, Margaret Lowe (killed by German bomb), and Ainsley Dagg. Sixteen of the sisters have been decorated with the Royal Red Cross and two have received the Military Medal.

Below is the honor roll (Miss, unless otherwise stated) of Winnipeg General Hospital sisters and the year of graduation of each:

Mrs. Maud King Brown, 1898; Frederica Wilson (Royal Red Cross), 1899; Jean Matheson (Royal Red Cross), 1899; Mrs. H. Meiklejohn (Miss Boddington), 1899; Mrs. Clara McLeod, 1899; Emma Murton, 1899; Edith Lumsden (Royal Red Cross), 1900; Clara Hood (Royal Red Cross), 1901; Sarah Riddle, 1903; Mrs. Jean Cassidy Lyall, 1904; Victoria Eraut, 1905; Ada J. Ross (died), 1905; Mae Cobbe, 1906; C. De Nully Fraser, 1906; Flora Lawford, 1906; Helen Stewart, 1906; Mrs. F. Argue (A. E. Johnston, Royal Red Cross), 1907; M. I. Burns (Royal Red Cross), 1907; A. M. Forrest (Royal Red Cross), 1907; Inga Johnson, 1907; Lola Bell (Royal Red Cross), 1908; Norma Walker, 1908; E. M. Turner, 1908; E. F. Macey, 1908; Isabel Lloyd, 1908; Alfreeda Attrill (Royal Red Cross), 1909; Jessie Smith (Mrs. Cooper), 1909; Hilda Corell (Royal Red Cross), 1909; Alba Andrew, 1909; Jessie M. Gent, 1909; Della McGregor, 1909; Annie Conning, 1909; M. McGilvray, 1910; Mary White, 1910; Ellanore Parker, 1910; May E. Best, 1910; Florence Whittick (Royal Red Cross), 1910; Jean Urquhart (Royal Red Cross), 1910; J. I. Smith, 1910; Josie McDonald, 1910; Olive Coad, 1910; A. E. Kilpatrick, 1911; Margaret Howe (Royal Red Cross), 1911; Margaret MacRae, 1911;

Ruby Stewart, 1911; Barbara McKinnon, 1911; Ann Coulter, 1911; Louise Newcombe, 1911; E. T. Paynter (Royal Red Cross), 1911; Clara Gillis; Sadie Ferguson (Royal Red Cross), 1912; Lizzie Aikman, 1912; Mrs. Hugh Baker (A. B. Hamilton), 1912; Lenora Herrington (Military Medal), 1912; Jean McDonald, 1912; Mrs. E. Harry (Miss Jean Cowie), 1912; Janet McClung, 1912; Mrs. Annie Hood, 1912; Margaret Rinn, 1912; Evelyn Hall, 1912; E. M. Deason, 1913; Margaret McGill, 1913; Maud Andrew, 1913; Mary Jamieson, 1913; Jessie Cochrane (Mrs. Combe), 1913; Dorothy Webb, 1913; Emily Parker, 1913; Marie Scott, 1913; Jean Connolly, 1913; Olive McMillan, 1913; Lenna M. Jenner (died), 1913; Grace Connor, 1914; Jean Chisholm, 1914; Annie F. Mitchell (Royal Red Cross), 1914; Ruth McClelland, 1914; Lillian Lynch, 1914; Bertha Thorsteinson, 1914; Winnifred Dawson, 1914; Evelyn Aston, 1914; Margaret Robertson, 1914; Ethel Carter, 1914; Dora Oliver, 1914; Hilda Beeston, 1914; Florence Bloy, 1915; Jean Cowan, 1915; Elsie Wilson, 1915; Winnifred Simpson, 1915; Jean Houston, 1915; Charlotte Hardcastle, 1915; Eleanor Rivington, 1915; Ethel Stewart, 1915; Irene Sharpe, 1915; Mary Shaw, 1915; Margaret Cuddy, 1916; Alice Torr, 1916; Ruby Dickie, 1916; Ainslie Dagg (died), 1916; Meta Hodge 1916; Margaret Taylor, 1916; Grace Harriott, 1916; Isabel Jeffries, 1916; Constance Bell, 1916; Tena Stewart, 1916; Isabel Mortimer, 1916; Letitia Skillen, 1916; Kathleen Perrin, 1916; Jessie Macey, 1916; Ethel Gray, 1916; Ruth McKay, 1916; E. A. Bennett, 1916; Katie Martin, 1916; Margaret Lowe (died), 1916; Elizabeth McPhail, 1916; Bernice Petch, 1916; Eleanor Christopherson, 1916; Renee White, 1916; Alice Jones, 1916; Isabel Sinclair, 1916; M. Melvin, 1916; Gladys Matheson, 1917; Mary Ritchie, 1917; Agnes McKeague, 1917; Edith Timlick, 1917; Doris Crummy, 1917; Stella Pollexsfon, 1917; Dora Walters, 1917; Bertha Sampson, 1917; Christina Parker, 1917; Katie Oliver, 1917; Winnifred Stinson, 1917.

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BRITISH COLUMBIA

Miss Rhoda McGregor and Miss Mollie Bunbury, graduates of the Vancouver General Hospital, Vancouver, have been appointed to positions in the General Hospital, Prince Rupert. Miss McGregor is superintendent of nurses, and Miss Bunbury head-nurse in the operating room.

The annual meeting of the G.N.A. of B.C. will be held Easter Monday, April 21st, at the Royal Columbian Hospital, New Westminster, B.C. There will be much business to discuss, and a full attendance of all registered nurses is hoped for.

Capt. Bilodeau, C.A.M.C., has returned with his wife, formerly Nursing Sister Margaret Walker, of Victoria, graduate of the Jubilee Hospital, Victoria. Miss Walker left with the B. C. Unit, and saw service in Salonica and France.

Tribute to the women who performed meritorious services in the war was paid at a reception given by the Women's Canadian Club in Victoria this week to members of the overseas nursing service. About two hundred people were present at the Empress Hotel, including a number of returned officers. The guests of honor were District Matron E. Boultbee and Nursing Sisters E. Arams, M. A. Andrews, C. Blackadder, H. J. Bradshaw, E. D. Collis, M. C. Henderson, G. G. Lumsden, L. M. Mable, H. E. MacDonald, J. G. McKenzie, M. E. McLane, J. E. McLaughlin, J. F. Mowbray, M. A. Mulhall, E. Percy, F. Pugh, M. J. Reynolds, D. D. Wicks, A. Williams and N. T. Tomlinson. An illuminated address was presented to each nurse.

It is gratifying to many to note that, at the annual meeting of the Victoria Red Cross, an announcement was made to the effect that the Capital City is to have a hostel for the accommodation of the nurses who are to be sent to the Coast for demobilization.

The schedule for the establishment of such a hostel originated with Colonel David Donald, head of the medical services for the district. Knowing that 150 nurses would arrive within the next few months for the purpose of demobilization, Colonel Donald took steps to prepare for their coming. Learning of the scheme, Lieut.-Colonel Hart, who left Victoria in 1915 in charge of No. 5 Base Hospital Unit, and Mrs. Hart, who is now in England, communicated with Colonel Donald, offering their furnished house to the Red Cross to be used as a hostel for military nursing sisters. The offer was gratefully accepted.

Colonel Hart's residence is on Courtenay Street, Victoria, and, besides being a conveniently central position, is comfortably furnished and admirably suited for the purpose for which it will be used. The Red Cross will prepare it for occupation, adding any necessary equipment, and it is expected that it will be ready for the nursing sisters early in may.

Births

MONTGOMERY—At the Montreal Maternity Hospital, to the Rev. and Mrs. T. H. Montgomery, a daughter. Mrs. Montgomery was formerly Miss Margaret Drummond (1916), Royal Victoria Hospital, Montreal.

STEWART—On January 6th, 1919, to Mr. and Mrs. J. Stewart (K. Rooney, Winnipeg General Hospital), a son.

WILLIAMS—At Kia Seng, Foonan, China, on October 28th, 1918, to Mr. and Mrs. A. J. Williams (E. Howland, Winnipeg General Hospital, '12), a son.

BRUNDRITT—On February 5th, 1919, to Mr. and Mrs. Brundritt (Winnipeg General Hospital), a daughter.

Marriages

McDONALD-McCULLOCH—In Ottawa, March 11th, 1919, Nursing Sister Margaret McCulloch, daughter of Mr. and Mrs. S. McCulloch, Victoria, B.C., to Lieut.-Colonel S. McDonald, of Ottawa. Both have recently returned from overseas. The bride is a graduate of St. Joseph's Hospital, Victoria.

JAMES-GILL—At Alberni, B.C., March 8th, 1919, Ethel L. Gill, graduate of the Vancouver General Hospital, Vancouver (class 1912), to Mr. Charles James, of Alberni, B.C.

PATERSON-FORSTER—On Wednesday, March 12th, 1919, in Edmonton, Alberta, Ruby Beatrice Forster, graduate of Medicine Hat General Hospital (class 1914), to Mr. Wilfred Paterson.

BARRY-ROBERTS—At St. Martins-in-the-Fields, Shorncliffe, Kent, England, December 4th, 1918, Nursing Sister Ellen (Pat) Roberts, daughter of Mr. E. Roberts, Brantford, Ont., graduate of the Royal Victoria Hospital, Montreal, to Capt. James Everett Barry, C.A.M.C., 2nd Battalion, Eastern Central Regiment.

COOPER-CREIGHTON—At Winnipeg, August 5th, 1918, Miss Annie C. Creighton (Winnipeg General Hospital, 1902) to Mr. Hunter Cooper.

COOMBE-COCHRANE—At Ranchville, Man., December 12th, ——— Cochrane (Winnipeg General Hospital, '13) to Mr. C. Coombe.

Deaths

JENNER—At London, England, Miss Lenna M. Jenner (W.G.H., '13), of peritonitis.

McNEE—At Winnipeg, November 1st, 1918, Miss Eva M. McNee (W.G.H., '17), of influenza.

LAWLOR—At Lashburn, Sask., November, 1918, Miss Jessie Lawlor (W.G.H., '17), of influenza.

DAGG—In England, Miss Ainsley Dagg (W.G.H., '16), on November 29th, 1918, of pneumonia.

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Add a small square of melted chocolate to one cup of hot milk; sweeten to taste. Rub smooth one heaping tablespoonful of corn-starch with a little cold milk and add to the hot milk; stir constantly until it thickens, and let it cook for ten minutes longer. If desired, beat the white of one egg stiff and fold it into the hot blanc mange. Serve with Cream.

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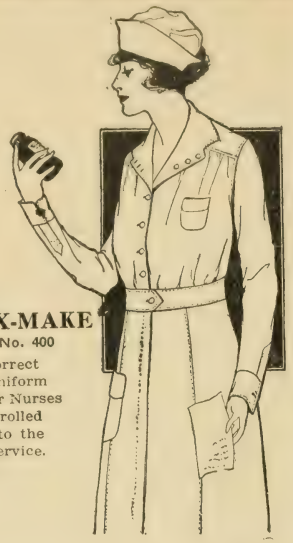

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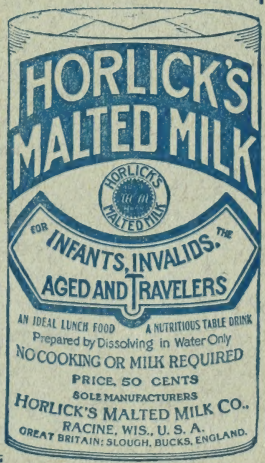


Horlick's Malted Milk Co.

Racine, Wis. Slough, Bucks, Eng. Montreal, Can

Two Important FEATURES—

Unlosable Washer
(Cannot Drop Off)

Pleat All Around
(Gives Large Capacity)

ALL "Meinecke" Ice Bags are fitted with our patented Unlosable Washer and have a pleat all the way round to give extra capacity. These Ice Bags are made of our well known Maroon Rubber which will not get hard, soft, crack or peel off, and they can be depended upon to give the maximum Ice Bag service, either from the viewpoint of durability or utillty.

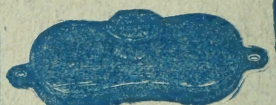
A—Progress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon Rubber. The best all-around Ice Cap made.

B—Perfection Ice Bags. Made in three sizes. namely, small, 5x9, medium, 6x11, large, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, and the lower part of all Rubber Stock. The box-like pleats permit this Bag to assume a square shape when filled.

C—Army and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, large size, (for adults) 12½ inches in diameter. small size, 10 inches in diameter. Made of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag for use in fever cases, as the ice can be centered over the base of the brain. Loops are provided for tying on, in case the patient is delirious. This Ice Cap can be flattened out to form a large round Ice Bag, for use when a large area is desired to be covered, especially over the chest or abdomen.

D—Progress Throat Ice Bags. Made of Cloth-Inserted Maroon Rubber in two sizes, namely, small size, 10 inches, large size, 12 inches. For application to the throat or head.

E—Face and Ear Bags. Made in one size only, of all Rubber Stock, for use on the forehead, back of the ear or back of neck and over the head. This Bag can be used for either Ice or Hot Water. For tying on purposes this Bag is provided with a linen bandage which fits over the Cap.



A—"Progress" Oblong Ice Bag.

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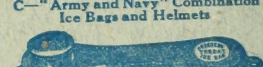

D—"Progress" Throat Bags.

E—Face and Ear Bag.

MEINECKE & CO., New York.